School Emergency Drills

Documentation Form

	Type of Drill			Time of Drill	
	Fire Drill (5 required) Tornado Drill (2 required) Lock Down/Shelter in Place Dr (2 required)	ill		Standard Class Change Recess Other Events	
Name of reporting school:					
Date o	f drill:	Time drill was held:			_ (pm/am)
Exact time required to evacuate/shelter/secure:					
Total participants:					
Remarks:					
This report is for emergency drill # for school year					
Name of person conducting drill:					
Title of person conducting drill:					
Signature of person conducting drill:					
Drill Was <i>Coordinated</i> With:					
	County/Local Emergency Management Coordinator or designee Name & Title				
	AND				
	Law Enforcement (county sheriff or chief of police or designee or MSP) Name & Title				
	OR				
	Fire (fire chief or designee) Name & Title				